

# REQUEST FOR REASONABLE ACCOMMODATION (OR BARRIER REMOVAL)

**Instructions:** Employee - Complete Section I of this form to request reasonable accommodation. Deciding Official - Complete Section II of this form and submit a copy to the Employee Relations Relation Branch and the Equal Employment Opportunity Office.

## SECTION I - REQUESTOR INFORMATION

Name of Employee (or Applicant for employment): \_\_\_\_\_

Position Title, Series, and Grade: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Office/Division (if an Employee): \_\_\_\_\_ Date accommodation required: \_\_\_\_\_

Please indicate the type of item/service being requested by checking the appropriate box(es):

### TYPE OF ACCOMMODATION:

- ☐ Equipment or device
- ☐ Reader, Interpreter
- ☐ Facilities alteration
- ☐ Other (Specify) \_\_\_\_\_

### TYPE OF BARRIER:

- ☐ Transportation
- ☐ Communication
- ☐ Architecture
- ☐ Other (Specify) \_\_\_\_\_

Please identify your disability: \_\_\_\_\_

Is your disability of a permanent nature?

Yes ☐

No ☐

Unknown ☐

Is medical Information attached?

Yes ☐

No ☐

Please describe the type of accommodation/barrier. *(Attached additional sheet(s) if necessary.)*

Please explain how the item/service you are requesting will assist you in completing the essential functions of your job.  
If an applicant, explain how the requested item/service will assist you in the application process. *(Attach additional sheet(s) if necessary.)*

If you would like to designate a representative to assist you in the matter, please provide the name and telephone number:

SIGNATURE : \_\_\_\_\_

DATE : 11/29/07

**SECTION II - ACTION TAKEN ((TO BE COMPLETED BY DECIDING OFFICIAL))**

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_